

Toolkit for Fostering Mental Health Resilience and Suicide Prevention

Compiled by:

**Student Services &
Support Department**



September 2024 - Update

DEDICATION

This document is dedicated to all the youth in the Natomas area of Sacramento, California that are coping with mental health disorders and to the memory of all those that have lost their lives to suicide. The goal of this toolkit is to provide specific prevention, education, and intervention measures to help support the mental health needs of our youth, and in doing so, prevent the loss of life due to suicide.

ACKNOWLEDGMENTS

California State Superintendent Tom Torlakson supported AB 2246 by Assembly member Patrick O'Donnell, D-Long Beach and Chair of the Assembly Education Committee. The bill, signed on Monday, September 26, 2016 required the California Department of Education (CDE) to develop and maintain a model suicide prevention policy.

“With this change, we can better identify students in need, get them help, and keep them safe. One of my top priorities is serving the needs of the whole child, including their mental health needs. This bill is a big step forward in our ongoing efforts to help our students.”

-Tom Torlakson

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INTRODUCTION

California *Education Code (EC)* Section 215, as added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee’s credential or license.

For more information on AB 2246 Pupil Suicide Prevention Policies, go to the California Legislative Information Web page at

https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201520160AB2246.

For resources regarding youth suicide prevention, go to the State Superintendent of Public Instruction (SSPI) letter regarding Suicide Prevention Awareness Month on the California Department of Education (CDE) Web page at <https://www.cde.ca.gov/ls/mh/suicideprevres.asp> and the Directing Change For Schools Web page at <https://www.directingchange.ca.org/>

Additionally, the CDE encourages each LEA to work closely with their county behavioral health department to identify and access resources at the local level.

While the mandate does not apply to private schools or students below grade seven, they do encourage schools to consider adopting a suicide prevention policy as a safety net for all students. This is particularly important since suicide is the second leading cause of death for youth ages fifteen to twenty-four. Students in earlier grades are also known to consider, attempt, and die by suicide—which is also a leading cause of death among ten to twelve-year-olds. Research demonstrates that suicidal ideation may start as early as preschool (however, suicide deaths are very rare among children nine years of age and younger). Although elementary and private schools are not legally required to adhere to AB 2246, they may want to consult with their legal staff about the advisability of adopting such a policy.

Mental Health Statistics

- In California the rate of youth mental health hospitalizations has risen from 27,462 hospitalizations in 2007 to 41,087 hospitalizations in 2018, which is a 49.6% increase ([“Hospitalizations for Mental Health Issues, by Age Group,” 2018](#)).
- 17% of high school students reported seriously considering suicide. 7% of high school students reported attempting suicide 1 or more times ([“U.S. Department of Health & Human Services, Mental Health Facts,” 2017](#)).
- Suicide is the second leading cause of death for youth and young adults ages 10 to 24 ([“CDC, Ten Leading Causes of Death,” 2017](#)).
- LGBTQ+ youth are almost 5 times as likely to have attempted suicide compared to heterosexual youth ([The Trevor Project, Preventing Suicide: Fact About Suicide](#))

Reasons Why Schools Should Address Suicide

Schools have special reasons for taking action to help prevent the tragedy of suicide:

- A student's mental health can affect their academic performance. Depression and other psychiatric disorders can interfere with the ability to learn.
- Ensuring student wellness and safety is part of a school's overall mission.
- A student suicide can significantly impact other students and the entire school community. Knowing what to do following a suicide is critical to helping students cope with the loss and preventing additional tragedies that could occur.
- Although this is a school-based toolkit, there is an understanding that children and teens are part of a community and that any comprehensive intervention includes not only members of the school, but also the family and selected members of the child's extended community (such as trusted adults, therapist, primary care, etc.).

Approaches to Suicide Prevention

Experts recommend that schools use an approach to suicide prevention that includes the following:

1. Provide training and suicide awareness education for key staff, administrators, and sitebased partners.
2. Educate parents regarding suicide risk and mental health promotion.
3. Educate and involve students in mental health promotion and suicide prevention efforts.
4. Screen students for suicide risk, as appropriate.
5. Identify students at possible risk of suicide and refer them to appropriate services.
6. Respond appropriately to a suicide death.

(Suicide Prevention: A Toolkit for High Schools, SAMHSA)

The Components of this Toolkit

This toolkit addresses suicide prevention and responses to suicidal behaviors in three interconnected and interdependent areas:

1. **Fostering** mental health resilience
2. **Intervention** in a suicidal crisis
3. **Postvention** response to a suicidal death

Each staff member takes responsibility for the part they can play in keeping students safe by becoming familiar with those aspects of this Toolkit that are pertinent to their role in student safety. Parents and the larger school community will be made aware that this toolkit is in place and of their role in youth suicide prevention efforts.

SECTION I: FOSTERING MENTAL HEALTH RESILIENCE

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EDUCATION

Staff Education

All NUSD staff members receive an annual mandated in recognizing depressive symptoms; the warning signs, risk factors, and protective factors for suicide (see Attachment 1.1, “Risk Factors for Youth Suicide”, Attachment 1.2, “Protective Factors Against Youth Suicide”, and Attachment 1.3, “Recognizing and Responding to Warning Signs of Suicide”); how to talk to students that are suspected to be at-risk for suicide and the procedures for referring students to the appropriate school personnel (i.e. principal, assistant principal, school counselor, school psychologist, etc.). The training will also include mock scenarios, staff quizzes and time for questions and discussion.

Training for Mental Health Staff

Social Workers, School Psychologists, and School Counselors will receive yearly training to review this Toolkit, as well as review suicide prevention, intervention, and postvention steps.

At the district level, Crisis Response Team (CRT) members will be established and reaffirmed yearly. CRT members and key representatives at the district office will review and update procedures as needed.

Parent/Community Education

Although parents may be aware that children and teens die by suicide, they often do not think it could happen to their child or in their community. Parents, primary caregivers and the entire school community need information about:

- The prevalence of suicide and suicide attempts among youth
- The warning signs of suicide
- How to respond when they recognize their child or another youth is at risk
- Where to turn for help in the community when a crisis occurs

As part of suicide prevention month, each September parents of students in grades 6-12th grades will be receive communication regarding mental health wellness and suicide prevention.

Resources for Sacramento area Students

At the beginning of the school year each middle and high school will list their site resources and hotlines on the back of their [student ID cards](#). The information on the back of the student ID cards will include the National Suicide Prevention Lifeline (1-800-273-8255), Crisis Text Line (741741), and the [NUSD Social-Emotional Support Referral link](#).

As part of suicide prevention month, each September parents of students in grades 6-12th grades will receive resources regarding mental health wellness and suicide prevention.

PROVIDING A SAFE & CARING SCHOOL CLIMATE

A safe and caring school climate includes feeling safe at school, feeling a part of decision-making, and having a sense of school connectedness, which “is the belief by students that adults and peers in the school care about their learning as well as about them as individuals.” (CDC, 2009b, SAMHSA Toolkit, p. 12)

Suicidal behavior can be reduced as a sense of school connectedness is increased. Combining suicide prevention with efforts to increase connectedness furthers both goals.

The Centers for Disease Control and Prevention (CDC) has cited the promotion and strengthening of connectedness at personal, family, and community levels as a key suicide prevention strategy, explaining that “positive attachments to community organizations like schools and churches can increase an individual’s sense of belonging, foster a sense of personal worth, and provide access to a larger source of support” (CDC 2012).

Programs/Initiatives in Natomas Unified that increase Student Connectedness

- Sports at every school site
- Music Programs in secondary schools
- Student Clubs
- Afterschool Programs
- Enrichment Programs
 - International Baccalaureate (IB)
 - Advancement Via Individual Determination (AVID)
 - Advanced Placement (AP) classes
 - California Early College Academy (C.E.C.A)
 - Gifted and Talented Education (GATE)
 - Educational Talent Search (ETS) through American River College
 - Improve Your Tomorrow (IYT) College Academy
 - Improve Your Tomorrow (IYT) Continue to Dream Academy
- Career Technical Education (CTE)
 - Bike Tech
 - Broadcast Media
 - Building & Construction Trades Pathway
 - Digital Media Pathway
 - Engineering Pathway
 - Health Pathway
 - Public Safety Pathway
 - Transportation Pathway
- School of Choice/Open Enrollment (Board Policy: 5116.1)
- Expansion of K-8 school sites
- District-run Charter School (Grades 6-12th)
- LINK Crew, WEB - Leadership/mentoring programs

- Peer mediation, conflict resolution programs

Social-Emotional Learning (SEL)

NUSD has made student access to social-emotional support a priority. Currently in NUSD, each school has one school psychologist per site with some secondary school sites having an additional halftime or full time psychologist. In addition, NUSD staffs a social worker at each school site. One of the roles of the school psychologist and school social worker is to provide Tier II and Tier III small group social-emotional learning opportunities and individual counseling support to all students exhibiting a greater level of social-emotional need.

Positive Behavioral Interventions and Supports (PBIS)

NUSD has invested in training staff at the majority of school sites in the implementation of PBIS. PBIS creates a positive learning environment through teaching school wide expectations, enhancing classroom management, and encouraging positive behaviors through comprehensive acknowledgement and reinforcement systems.

Responsive Classrooms

The Responsive Classroom approach, used in one K-8 school in NUSD, is an approach to teaching that consists of a set of well-designed practices intended to create safe, joyful, and engaging classrooms and school communities. The emphasis is on helping students develop their academic, social, and emotional skills in a learning environment that is developmentally responsive to their strengths and needs.

Trauma Informed Practices

All NUSD staff are trained in Trauma-Informed Practices. Trauma-informed teaching starts with an understanding of how trauma can impact learning and behavior. With this approach, educators think about what student behavior may be telling them and they reflect on their teaching practices to find ways to better support students who may be experiencing trauma.

Restorative Practices

In NUSD, Restorative Justice In Education has been implemented at two K-8 school sites and at the comprehensive middle school. In future years NUSD will expand Restorative Justice training to more campuses. Restorative practices promote building of school and class culture, inclusiveness, relationship-building and problem-solving. The restorative methods of circles teaches and supports conflict resolution to bring victims, offenders and their supporters together to address wrongdoing. Instead of punishment, students are encouraged to reflect on and take responsibility for their actions and come up with plans to repair harm.

Social-Emotional Support (SES) Programs

The Social-Emotional Support (SES) Program is a structured, counseling enriched special education program that serves students with significant social-emotional and behavioral needs, including students with suicidal thoughts and past suicide attempts. NUSD offers a full continuum of SES classes encompassing TK-12th grades.

Social-Emotional Support Referral on District Website

The Social-Emotional Support Referral Form on the NUSD website is a tool students, staff, parents, and community members can use to refer students for mental health support. Referrals are confidential and are forwarded by email to the administrative team in the Student Services and Support Department. Only those individuals with a need to know will be informed of the referral. All referrals will be responded to within 24 hours or the next school day.

CareSolace

CareSolace is an online resource that makes it easy for NUSD staff to make community-based referrals to assist families in finding local mental health related programs and counseling services. *CareSolace* takes into account all types of private insurance including Medi-Cal and those that have no insurance.

ATTACHMENTS FOR SECTION I:
RESOURCES FOR FOSTERING MENTAL HEALTH RESILIENCE

Information for Parents, Teachers and Staff

- 1.1 [Protective Factors Against Youth Suicide](#)
- 1.2 [Risk Factors for Youth Suicide](#)
- 1.3 [Recognizing and Responding to Warning Signs of Suicide](#)
- 1.4 [Suicide Prevention: Facts for Parents](#)
- 1.5 [Suicidal Thinking and Threats: Helping Handout for Home](#)
(Link only. Not formatted for Toolkit)

Information for Students

- 1.6 [Student Mental Health Handout](#)

Information Relevant to Parents, Staff, and Students

- 1.7 [Mental Health & Community Resources](#)

SECTION II: INTERVENTION IN A SUICIDAL CRISIS

SECTION II: INTERVENTION IN A SUICIDAL CRISIS

Intervention protocols to assist students in a crisis involving suicidal thoughts or behaviors are a critical component of both district and school responses. These protocols aid school personnel in intervening effectively with suicidal students. School administrators play a crucial role in establishing a school climate that requires key school personnel to be familiar with and responsive to a suicidal crisis in order to help prevent a youth suicide. Students of concern may be referred to the counselor or school psychologist by staff, parents, peers, or self-referral. Intervention protocols vary based on the determined degree of suicide risk.

KEY PRINCIPLES FOR STAFF TO REMEMBER IN ANY CRISIS

1. **Ensure that the student in crisis is safe:** Remain with the student until a Crisis Response Team Member arrives
2. **Send someone for help while you remain with the student.**
3. **Listen to the student:** Acknowledge their feelings, allow them to express their feelings, avoid giving advice or opinions, and listen for warning signs.
4. **Be direct:** Ask openly about suicide. Asking about suicide does not put the idea into the student's mind.
5. **Know your limits:** Involve yourself only to the level you feel comfortable. School Psychologists, School Social Workers, Counselors, or an SRO/Police Officer are *the only individuals authorized to conduct a formal Risk Assessment on a student.*
6. **Inform student:** At each stage, be sure the student knows what is going on.
7. **Keep other students away:** Remove other students from the area, or escort the at-risk student to a more secure environment. Maintain confidentiality as best as possible.
8. **Communicate immediately:** Inform administration or your school psychologist as soon as possible so that a Risk Assessment can be provided to the student and immediate interventions and support can be implemented.

CRISIS RESPONSE TEAM (CRT) MEMBERS AND ROLES

Administrative support is necessary for the successful implementation of this toolkit. In order to respond appropriately, all CRT members must understand their role in suicide prevention. The team is made up of a diverse group of individuals within the school and at the district level. At the site level, possible members may include the principal, assistant principals, school counselor, school psychologist, special education staff, a teacher, school nurse, and a member of office staff (secretary).

District Level Crisis Response Team

District Safety Officer Responsibilities:

- The District Safety Officer is contacted by the site principal when a suicide risk assessment is being conducted and there is a high likelihood the student will need transportation to the hospital.
- If a transport for a 5150 evaluation is required, the District Safety Officer will call for a Student Resource Officer (SRO) to be dispatched to the site.

Crisis Response Team Leader & Alternative Responsibilities:

- Coordinates annual training for the Crisis Response Team and for school faculty
- Mobilizes team members as needed
- Coordinates Team member assignments
- Acts as the liaison between the school principal and district office when district support is deemed necessary

Media Spokesman/Associate Superintendent Responsibilities:

- Fields and responds to media inquiries

Social Worker Liaison Responsibilities:

- Lead consultant on suicide risk assessments
- Provides training on mental health first aid, crisis counseling, triage
- Provides community linkage

District Level Crisis Response Team (CRT) Contact Information

Role	Name	Email	Office Phone	Cell Phone
District Safety Officer	Rick Messer	rmesser@natomasunified.org	916-538-1397 Safety Line	916-716-8689
CRT Leader	Earl Pavao	epavao@natomasunified.org	916-567-5853	916-825-4616
Alternative CRT Leader	Anthony Da Marto	adamarto@natomasunified.org	916-567-5427	916-221-0472
Media Spokesperson	Deidra Powell	dpowell@natomasunified.org	916-567-5402	916-534-6559
Social Worker Liaison	Shayla Allen	sarahsmith@natomasunified.org	916-567-5431	916-206-5647

Site Level Response Team

Principal/Assistant Principal

- Clear area and ensure safety of all students
- Assumes responsibility for decisions made and actions taken
- Briefs district office administration
- Notifies family members of student crisis
- Modifies school schedule if necessary
- Resumes normal schedule as soon as possible
- Calls on community resources for assistance if needed
- Secures campus (assistant principal)
- Communicates with other sites as needed
- Evaluates school crisis response and revises as needed

School Psychologist/Counselors/Social Workers

- Conducts student interviews to assess for level of risk
- Contacts community links and resources
- Contacts and works with parents
- Documents actions

School Nurse or Health Assistant

- Administers medical first aid, triage
- Locates emergency card information for injured student

School Secretary

- Maintains up-to-date contact information for CRT members
- Maintains communication with principal
- Responds to crisis-related inquiries

Teachers

- Take every warning sign seriously
- Ensure the safety of students during and after an emergency
- If stay-put situation exists, do not allow students to enter or leave room
- Keep students informed as directed by principal: control rumors
- Assure students the crisis is being handled and they are safe
- Focus discussion on reactions students are having in the moment and how to support each other
- Refer students in need to the Crisis Team Leader

IDENTIFY AND MONITOR AT-RISK STUDENTS

At each site the school psychologist, school social worker, and school counselor will maintain a separate file of students who may need added support during the school year; they will follow up with them as needed. These records are only accessible to those staff members who "need to know." These are neither publicly accessible documents nor are they subject to a public records request. All health conditions are protected by FERPA and HIPAA privacy laws. This will include:

- Students exhibiting suicidal thoughts, behaviors, or risk factors
- Students who have been hospitalized for serious mental health issues

In NUSD, students are also identified as being at-risk of suicide through a Tier I universal screening survey called *CoVitality* that is given to all students in grades 4-12th two times per year. In addition, at-risk students are identified via an online monitoring tool called *GoGuardian*. *GoGuardian* is a network tool that sends an alert to district administration, the site principal, school psychologist, school social worker, and school counselor when a student uses an electronic device on the school network or a district issued Chromebook to search for content related to mental health or suicidal ideation.

Once at-risk students are identified, the counselor, social worker, or school psychologist will meet with the student and the parent/guardian (when appropriate) to assess specific needs and work with other school staff to help the student succeed in school and cope better with emotional and/or behavioral difficulties, including any suicidal thoughts or behaviors.

INTERVENTION STEPS IN NATOMAS UNIFIED SCHOOL DISTRICT

When a student is identified during the school day by a staff member as potentially suicidal:

1. School staff must respond immediately
2. Ensure the safety of the student
3. Assess for suicide risk (School Psychologist, Counselor, Social Worker, SRO/Police)
4. Communicate with parent/guardian
5. Determine appropriate action plan, which includes a safety plan, re-entry guidelines, family resources, mental health services, and continued monitoring and support of the student.
6. Document actions taken in confidential Mental Health Database

In the case of an in-school suicide attempt:

1. First Aid will be rendered until professional medical treatment and/or transportation can be received
2. School staff will supervise student to ensure their safety
3. Staff will move all other students out of the immediate area as soon as possible
4. If appropriate, staff will request an immediate mental health assessment
5. The administrator or designee will notify parents/guardians immediately
6. Ensure principal is aware of incident and, if needed, follow guidelines for Responding to the Suicide of a School Community Member located in Section III of this toolkit.

In the case of a student with suicidal ideation or suicide attempt outside of school hours:

1. If a staff member becomes aware of a student who is potentially suicidal or has made a suicide attempt, call 911, inform the student's parents/guardians, and inform the site principal and District Safety Officer, Shea Borges, as soon as possible.
2. If a student contacts a staff member and expresses they are suicidal or have made a suicide attempt, the staff member should maintain contact with the student while enlisting the help of someone else to call 911.

Parental Notification and Involvement:

In situations where a student is assessed for suicide risk or has made a suicide attempt, the student's parent/guardian will be informed as soon as possible by the Principal or designee. If the student has exhibited any kind of suicidal behavior, the parent/guardian should be counseled on how to limit access to mechanisms for carrying out the attempt. Staff will also seek parental permission to communicate with outside mental health care providers and/or physicians regarding their child.

PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation.

The urgency of the situation will dictate the order and applicability in which the subsequent steps are followed

A. RESPOND IMMEDIATELY

- Report concerns to the site administrator/designee immediately or as soon as possible
- Do not leave the student unsupervised

B. SECURE THE SAFETY OF THE STUDENT

- Supervise the student at all times
- A site administrator will conduct an administrative search for access to means to hurt themselves
- Site administrator will call the Crisis Response Team Leader, Earl Pavao, and District Safety Officer who in turn will contact a SRO if needed

C. ASSESS FOR SUICIDE RISK (School Psychologist, Counselor, Social Worker, SRO/Police)

- Utilize the Suicide Risk Assessment to determine risk level ([Attachment 2.1](#))
- Refer to the Crisis Intervention Protocol Checklist ([Attachment 2.2](#))

D. COMMUNICATE WITH PARENT/GUARDIAN

- Share concerns and provide recommendations for safety
- Provide Parent Contact Acknowledgement Form (If appropriate) ([Attachment 2.4](#))
- Communicate a plan for re-entry
- Provide resources and parent/caregiver handouts (Section I handouts)

E. DETERMINE APPROPRIATE ACTION PLAN

- Determine action plan based on level of risk
- Develop a personal safety plan ([Attachment 2.3](#))
- Follow student re-entry guideline ([Attachments 2.5](#))
- Document Re-Entry Meeting ([Attachment 2.6](#))
- Monitor and support once the student is back to school

F. IMPORTANT CONSIDERATIONS

- Staff will not drive students to the hospital, but may accompany a student with the SRO or ambulance

G. DOCUMENT ALL ACTIONS IN THE CONFIDENTIAL MENTAL HEALTH DATABASE

Suspected Child Abuse or Neglect

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student's current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student's suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

PROTOCOL FOR RESPONDING TO STUDENTS WHO SELF-INJURE

The following is a summary checklist of general procedures for the administrator/designated school site crisis team member to respond to any reports of students exhibiting self-injurious behavior.

The urgency of this situation will dictate the order and applicability in which the subsequent steps are followed.

Non-suicidal self-injury “Cutting” is used to refer to situations in which the self-injury is not intended to result in death (i.e. - Student is not having conscious thoughts of suicide). It may be difficult to tell the difference between nonsuicidal self-injury and a suicide attempt. The only way to know is to ask the person directly if they are suicidal. Do not assume that a person who says they are not suicidal is being truthful.

A. KNOW THE WARNING SIGNS OF SELF-INJURY

- Report concerns to the site administrator/designee immediately or as soon as possible
- Do not leave the student unsupervised

B. PROTOCOL

- Respond immediately or as soon as possible
- Supervise the student
- A site administrator will conduct an administrative search for access to means to hurt themselves
- Assess for suicide risk
- Communicate with parent/guardian
- Encourage appropriate coping and problem-solving skills
- Develop a safety plan with the student
- Provide resources

C. SELF-INJURY AND CONTAGION

- Respond immediately or as soon as possible
- Respond individually to students, but try to identify peers that may be engaging in similar behaviors
- Supervise students in separate locations and assess individually

D. OTHER CONSIDERATIONS FOR RESPONDING TO SELF-INJURY AND CONTAGION

- Self-injury should be addressed individually, never in settings such as student assemblies, public announcements, or groups
- When self-injury impacts the school community, consider hosting a parent/guardian meeting for awareness and psycho-education
- Consult and work with the Student Services and Support Department as needed

Suspected Child Abuse or Neglect

If child abuse or neglect by a parent/guardian is suspected or there is reasonable suspicion that contacting the parent/guardian may escalate the student’s current level of risk, or the parent/guardian is contacted and unwilling to respond, report the incident to the appropriate child protective services agency. This report should include information about the student’s suicide risk level and any concerning ideations or behaviors. The reporting party must follow directives provided by the child protective services agency personnel.

ATTACHMENTS FOR SECTION II:
RESOURCES FOR INTERVENTION

- 2.1 [Suicide Risk Assessment Form](#)
- 2.2 [Crisis Intervention Protocol Checklist](#)
- 2.3 [Student Safety Plan](#)
- 2.4 [Parent Contact Acknowledgement Form](#)
- 2.5 [Student Re-Entry Guidelines](#)
- 2.6 [Student Re-Entry Meeting Form](#)
- 2.7 [Medical Release of Information Form](#)

**SECTION III: POSTVENTION
RESPONSE TO SUICIDE OF A
SCHOOL COMMUNITY MEMBER**

SECTION III: POSTVENTION RESPONSE TO A SUICIDE

Postvention (interventions that are conducted after a suicide) assists students and staff in ways that promote the mental health of the entire school community and supports students experiencing a mental or suicidal crisis after the death by suicide of a school community member. These interventions are meant to help manage the various aspects of the crisis and prevent contagion. Support and resources are provided for students, staff, parents and the entire community. All aspects of postvention strive to treat the loss in similar ways to that of other deaths within the school community and to return the school environment to its normal routine as soon as possible. In this way, postvention is inextricably linked to prevention.

STEPS TO TAKE IN THE IMMEDIATE AFTERMATH OF A SUICIDE

(Refer to [Postvention Steps - Quick Guide](#), Attachment 3.1).

Day Zero (Day of the suicide)

- Earl Pavao, Crisis Response Team Leader, contacts key individuals to initiate crisis response (Refer to [Suicide Postvention Phone Tree](#), Attachment 3.2).
- Crisis Response Team Leader also notifies Crisis Response Team:
 - School Psychologists
 - Social Worker Liaison
 - Sacramento Police Department Chaplains, Norm Powers, Sac PD Chaplain-916-978-0296, schools@sacchaplains.com (As needed)
- District Safety Officer Verifies Death
 - Verify details of death with police or other local authorities
- Principal or Designee Contacts Family (Refer to [Guidelines for Working With the Family](#), attachment 3.3)
 - Express sympathy as you would for any sudden death
 - Inquire about what the school can share about their loss. If the family is unwilling or not ready to share, help the family craft a message that they do want released in order to minimize rumors, misinformation, and speculation. Acknowledge that this is a great tragedy and assist them in understanding that crafting a message about the cause of death will help their child's friends who are suffering.
 - Ask if any siblings or relatives attend NUSD schools.
 - Ask what the district can do to support them.
 - Let them know that a district representative will be checking in with them in the coming days and weeks to determine what support the district can provide.
- An assigned CRT team member will notify the schools where siblings and close relatives attend.
 - The site psychologist or other social-emotional staff will check-in with these students.
- Principal(s) will work with office staff to shut down the deceased student's and siblings' attendance system so no automated messages regarding absence are sent home.
- Ensure office staff know how to respond to inquiries (Refer to [Sample Script for Office Staff](#), Attachment 3.4).

- Notify School Community
 - CRT Leader will assist the site principal in drafting an announcement to share with staff (Refer to [Sample Staff Announcements](#), Attachment 3.5)
 - CRT Leader will assist the site principal in drafting an announcement and letter to notify families of students about the death and the school's response (refer to [Sample Letters to Families](#), Attachment 3.6)

Day One (First school day after the suicide)

- Hold Initial All-Staff Meeting (Before school)
- The site principal and Crisis Response Team Leader conducts the initial all-staff meeting (Refer to [Sample Agenda for Initial All-Staff Meeting](#), Attachment 3.7)
 - Convey what information will be shared with students (Refer to [Sample Class Meeting Student Announcements](#), Attachment 3.8)
 - Prepare staff to inform students in first period classes. In order to deal with student reactions provide them with copies of:
 - [Talking About Suicide](#), Attachment 3.9
 - [Talking Points for Students and Staff After a Suicide](#), Attachment 3.10
 - Identify staff uncomfortable with notifying students of the death. Designate CRT members or counselors to support those staff members in their classrooms throughout the school day.
 - Remind staff who the designated media spokesperson is and that they should refer any outside requests for comments or information to this individual.
 - Control rumors
- Provide staff support
 - Provide roving substitutes to allow classroom teachers a short break, if needed.
 - Inform staff that mental health staff is available for both students and staff.
 - Provide an end-of-day meeting for staff to debrief and/or obtain support.
 - Provide staff with resources for themselves and the community
- Inform staff where to send students for counseling support, and that they must be sent with another student or adult escort, never alone.
 - Designate spaces on campus where support will be provided. Consider having snacks, and art and writing supplies for creative expression that may later be preserved for the student's family.
- Supporting Students During the School Day
- CRT team members (preferably two) will follow the deceased student's schedule to assess students and to assist teachers.
- Identify, monitor, and support students who may be at risk
 - Recognize that students who were close to the deceased and known vulnerable students may be at-risk for suicide. Assign a CRT member to develop a list of students of concern with input from others.
 - Meet with at-risk students, document, and follow-up as needed.

- Designate someone to circulate on campus to determine who might be in need and to monitor for rumors (e.g.- Principal, Assistant Principal, CRT member).
- Hold After-School Staff Meeting
 - Acknowledge that it's been a difficult day for everyone and that this meeting is an opportunity to share experiences from the day and what their needs for support will be for the next day.
 - Inform staff as to the continued availability of roving substitute teachers and counselors. Determine this based upon expressed need and day one experiences in the classroom.
 - Allow staff to express concerns and ask questions.
 - Emphasize self-care for teachers/staff since they have been primarily focused on taking care of students.
 - Reminder to continue to identify, monitor, and support students who may be at risk.

Memorializations

- No specific memorialization should be conducted as this may sensationalize the suicide and lead to suicide contagion among other students who may be at risk. The school's goal should be to balance the students' need to grieve with the goal of limiting the risk of inadvertently glamorizing the suicide. Instead, the memorialization should be to focus on how to best prevent future suicides, and on providing prevention resources to students.

Key Considerations for Funeral/Memorial Services

- Depending upon the family's wishes, the Principal will disseminate information about the funeral to students, parents, and staff as soon as it becomes available. Include the following information in the announcements:
 - Location of the funeral
 - Time of the funeral (school remains open if it is during the school day)
 - What to expect (i.e., whether there will be an open casket)
 - Guidance on how to best express condolences to the family (i.e., verbally, with flowers, donations)
 - School policy for releasing students during school hours to attend the funeral (i.e., students will only be released with permission from their parent or guardian)
 - Consider having a trusted adult staff attend as well to provide additional support

Steps to Take in the Long-Term Aftermath

- Schedule daily debriefs with the Crisis Response Team while in the initial assessment period to discuss at-risk students who need follow-up. This generally lasts 1-2 weeks, but can vary with the situation.
- Discuss with the family of the deceased student any concerns they may have for siblings, friends or acquaintances and follow up accordingly. The site psychologist and counselor monitors and checks in with at-risk students as long as needed.
- Send email updates to staff to keep them informed about funeral arrangements; resources and supports available for them; physical, emotional, cognitive, and social manifestations of grief in students.

- Develop prearranged protocol for removing personal items from locker or desk, respecting family wishes for privacy and/or support.
- Convene CRT and facilitate a tactical debriefing of what worked and what could be improved upon during the initial assessment period (1-2 weeks post-intervention). Team leader documents successes, challenges, and recommendations for improvement to be incorporated into the Comprehensive Suicide Prevention Toolkit.

Prepare for Anniversaries and Special Events

- Refer to [*Guidelines for Anniversaries of a Death*](#), Attachment 3.11

Communicate With and Support the Broader School Community

- Provide parent/community education about suicide, grief, and self-care within the first month following death.

ATTACHMENTS FOR SECTION III:
RESOURCES FOR POSTVENTION

- 3.1 [Postvention Steps - Quick Guide](#)
- 3.2 [Suicide Postvention Phone Tree](#)
- 3.3 [Guidelines for Working With the Family](#)
- 3.4 [Sample Scripts for Office Staff](#)
- 3.5 [Sample Staff Announcements](#)
- 3.6 [Sample Letters to Families](#)
- 3.7 [Sample Agenda for Initial All-Staff Meeting](#)
- 3.8 [Sample Class Meeting Student Announcements](#)
- 3.9 [Talking About Suicide](#)
- 3.10 [Talking Points for Students and Staff After a Suicide](#)
- 3.11 [Guidelines for Anniversaries of a Death](#)

APPENDIX A: SUICIDE PREVENTION POLICY

- A1. California Education Code 215
- A2. Board Policy 5141.52
- A3. Administrative Regulation 5141.52
- A4. Suicide Prevention Policy AB2246 EDC 215

California Education Code 215

TITLE 1 GENERAL EDUCATION CODE PROVISIONS [1. - 32500] (*Title 1 enacted by Stats. 1976, Ch. 1010.*)

DIVISION 1 GENERAL EDUCATION CODE PROVISIONS [1. - 32500] (*Division 1 enacted by Stats. 1976, Ch. 1010.*)

PART 1 GENERAL PROVISIONS [1. - 446] (*Part 1 enacted by Stats. 1976, Ch. 1010.*)

CHAPTER 2. Educational Equity [200 - 262.4] (*Heading of Chapter 2 amended by Stats. 1998, Ch. 914, Sec. 6.*)

ARTICLE 2.5. Pupil and Student Suicide Prevention Policies [215 - 216] (*Heading of Article 2.5 amended by Stats. 2018, Ch. 460, Sec. 1.*)

215.

- (a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.
- (2) (A) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, shall, before the beginning of the 2020–21 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in kindergarten and grades 1 to 6, inclusive. The policy shall be developed in consultation with school and community stakeholders, the county mental health plan, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.
- (B) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.
- (C) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be written to ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a pupil who is a Medi-Cal beneficiary.
- (3) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:
- (A) Youth bereaved by suicide.
- (B) Youth with disabilities, mental illness, or substance use disorders.
- (C) Youth experiencing homelessness or in out-of-home settings, such as foster care.
- (D) Lesbian, gay, bisexual, transgender, or questioning youth.
- (4) (A) The policy shall also address any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency.
- (B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.
- (C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.
- (5) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee’s credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.
- (6) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(b) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, shall review, at minimum every fifth year, its policy on pupil suicide prevention and, if necessary, update its policy.

(c) Nothing in this section shall prevent the governing board or body of a local educational agency from reviewing or updating its policy on pupil suicide prevention more frequently than every fifth year.

(d) For purposes of this section, “local educational agency” means a county office of education, school district, state special school, or charter school.

(Amended by Stats. 2019, Ch. 694, Sec. 1. (AB 1767) Effective January 1, 2020.

Board Policy 5141.52 - Suicide Prevention

BP 5141.52 (a)

Students

SUICIDE PREVENTION

The Governing Board recognizes that suicide is a leading cause of death among youth and that school personnel who regularly interact with students are often in a position to recognize the warning signs of suicide and to offer appropriate referral and/or assistance. In an effort to reduce suicidal behavior and its impact on students and families, the Superintendent or designee shall develop measures and strategies for suicide prevention, intervention and postvention.

In developing measures and strategies for use by the district, the Superintendent or designee may consult with school health professionals, school counselors, school psychologists, school social workers, administrators, other staff, parents/guardians, students, suicide prevention experts, local health agencies mental health professionals, and community organizations

(cf. 1220 - Citizen Advisory Committees)

(cf. 1400 - Relations Between Other Governmental Agencies and the Schools)

Such measures and strategies shall include, but are not limited to:

1. Staff development on suicide awareness and prevention for teachers, school counselors, and other district employees who interact with students.

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

2. Instruction to students in problem-solving and coping skills to promote students' mental, emotional, and social health and well-being, as well as instruction in recognizing and appropriately responding to warning signs of suicidal intent in others

(cf. 6142.8 – Comprehensive Health Education)

3. Methods for promoting a positive school climate that enhances students' feelings of connectedness with the school and that is characterized by caring staff and harmonious interrelationships among students.

(cf. 5131 - Conduct)

(cf. 5131.2 - Bullying)

(cf. 5137 - Positive School Climate)

(cf. 5145.3 - Nondiscrimination/Harassment)

(cf. 5145.7 - Sexual Harassment)

(cf. 5145.9 - Hate-Motivated Behavior)

SUICIDE PREVENTION (continued)

4. The provision of information to parents/guardians regarding risk factors and warning signs of suicide, the severity of the suicide problem among youth, the district's suicide prevention curriculum, basic steps for helping suicidal youth, and/or school and community resources that can help youth in crisis.
5. Encouragement for students to notify appropriate school personnel or other adults when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions
6. Crisis intervention procedures for addressing suicide threats or attempts
7. Counseling and other postvention strategies for helping students, staff, and others cope in the aftermath of a student's suicide

As appropriate, these measures and strategies shall specifically address the needs of students who are at high risk of suicide, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth. (Education Code 215)

The Board shall review, and update as necessary, this policy at least every five years. (Education Code 215)

Legal Reference:

EDUCATION CODE

- 215 Student suicide prevention policies
- 215.5 Suicide prevention hotline contact information on student identification cards
- 216 Suicide prevention online training programs
- 32280-32289 Comprehensive safety plan
- 49060-49079 Student records
- 49602 Confidentiality of student information
- 49604 Suicide prevention training for school counselors

GOVERNMENT CODE

- 810-996.6 Government Claims Act

PENAL CODE

- 11164-11174.3 Child Abuse and Neglect Reporting Act

WELFARE AND INSTITUTIONS CODE

- 5698 Emotionally disturbed youth; legislative intent
- 5850-5883 Children's Mental Health Services Act

COURT DECISIONS

- Corales v. Bennett (Ontario-Montclair School District), (2009) 567 F.3d 554

Management Resources:

CALIFORNIA DEPARTMENT OF EDUCATION PUBLICATIONS

- Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve, 2008
- Health Framework for California Public Schools, Kindergarten Through Grade Twelve, 2003

CENTERS FOR DISEASE CONTROL AND PREVENTION PUBLICATIONS

- School Connectedness: Strategies for Increasing Protective Factors Among Youth, 2009

SUICIDE PREVENTION (continued)

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS PUBLICATIONS

Preventing Suicide, Guidelines for Administrators and Crisis Teams, 2015

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLICATIONS

Preventing Suicide: A Toolkit for High Schools, 2012

National Strategy for Suicide Prevention: Goals and Objectives for Action, rev. 2012

WEB SITES

American Association of Suicidology: <http://www.suicidology.org>American Foundation for Suicide Prevention: <http://afsp.org>American Psychological Association: <http://www.apa.org>American School Counselor Association: <http://www.schoolcounselor.org>California Department of Education, Mental Health: <http://www.cde.ca.gov/ls/cg/mh>

California Department of Health Care Services, Suicide Prevention Program:

<http://www.dhcs.ca.gov/services/MH/Pages/SuicidePrevention.aspx>Centers for Disease Control and Prevention, Mental Health: <http://www.cdc.gov/mentalhealth>National Association of School Psychologists: <http://www.nasponline.org>National Institute for Mental Health: <http://www.nimh.nih.gov>Trevor Project: <http://thetrevorproject.org>

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services

Administration: <http://www.samhsa.gov>

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Administrative Regulation 5141.52 - Suicide Prevention

AR 5141.52 (a)

Students

SUICIDE PREVENTION

Student identification cards shall include the National Suicide Prevention Lifeline telephone number and may also include the Crisis Text Line and/or a local suicide prevention hotline telephone number. (Education Code 215.5)

Suicide prevention training shall be provided to teachers, counselors, and other district employees who interact with students. The training shall be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agencies.

(cf. 4131 - Staff Development)

(cf. 4231 - Staff Development)

(cf. 4331 - Staff Development)

Materials for training shall include how to identify appropriate mental health services at the school site and within the community, and when and how to refer youth and their families to those services. Materials also may include programs that can be completed through self-review of suitable suicide prevention materials. (Education Code 215)

Staff development shall include research and information related to the following topics:

1. The higher risk of suicide among certain groups, including, but not limited to, students who are bereaved by suicide; students with disabilities, mental illness, or substance use disorders; students who are experiencing homelessness or who are in out-of-home settings such as foster care; and students who are lesbian, gay, bisexual, transgender, or questioning youth
2. Individual risk factors such as previous suicide attempt(s) or self-harm, history of depression or mental illness, family history of suicide or violence, feelings of isolation, interpersonal conflicts, a recent severe stressor or loss, family instability, impulsivity, and other factors

(cf. 5131.6 - Alcohol and Other Drugs)

3. Warning signs that may indicate depression, emotional distress, or suicidal intentions, such as changes in students' personality or behavior and verbalizations of hopelessness or suicidal intent
4. Protective factors that may help to decrease a student's suicide risk, such as resilience, problem-solving ability, access to mental health care, and positive connections to family, peers, school, and community.
5. Instructional strategies for teaching the suicide prevention curriculum and promoting mental and emotional health

SUICIDE PREVENTION (continued)

6. School and community resources and services, including resources and services that meet the specific needs of high-risk groups

(cf. 5141.6 - School Health Services)

(cf. 6164.2 - Guidance/Counseling Services)

7. Appropriate ways to interact with a student who is demonstrating emotional distress or is suicidal and procedures for intervening when a student attempts, threatens, or discloses the desire to die by suicide, including, but not limited to, appropriate protocols for monitoring the student while the immediate referral of the student to medical or mental health services is being processed

8. District procedures for responding after a suicide has occurred

Instruction

The district's comprehensive health education program shall promote the healthy mental, emotional, and social development of students and shall be aligned with the state content standards and curriculum framework. Suicide prevention instruction shall be incorporated into the health education curriculum at appropriate secondary grades and shall be designed to help students:

1. Identify and analyze signs of depression and self-destructive behaviors and understand how feelings of depression, loss, isolation, inadequacy, and anxiety can lead to thoughts of suicide
2. Develop coping and resilience skills and self-esteem
3. Learn to listen, be honest, share feelings, and get help when communicating with friends who show signs of suicidal intent
4. Identify trusted adults, school resources, and/or community crisis intervention resources where youth can get help and recognize that there is no stigma associated with seeking services for mental health, substance abuse, and/or suicide prevention.

(cf. 1020 - Youth Services)

(cf. 5131.6 - Alcohol and Other Drugs)

(cf. 5141.6 - School Health Services)

(cf. 6142.8 - Comprehensive Health Education)

(cf. 6164.2 - Guidance/Counseling Services)

Intervention

Students shall be encouraged to notify a teacher, principal, counselor, or other adult when they are experiencing thoughts of suicide or when they suspect or have knowledge of another student's suicidal intentions.

SUICIDE PREVENTION (continued)

Every statement regarding suicidal intent shall be taken seriously. Whenever a staff member suspects or has knowledge of a student's suicidal intentions based on the student's verbalizations or act of self-harm, the staff member shall promptly notify the principal or school counselor, who shall implement district intervention protocols as appropriate.

Although any personal information that a student discloses to a school counselor shall generally not be revealed, released, referenced, or discussed with third parties, the counselor may report to the principal or student's parents/guardians when there is reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student or others within the school community. In addition, the counselor may disclose information of a personal nature to psychotherapists, other health care providers, or the school nurse for the sole purpose of referring the student for treatment. (Education Code 49602)

(cf. 5141 - Health Care and Emergencies)

School employees shall act only within the authorization and scope of their credential or license. An employee is not authorized to diagnose or treat mental illness unless he/she is specifically licensed and employed to do so. (Education Code 215)

Whenever schools establish a peer counseling system to provide support for students, peer counselors shall receive training that includes identification of the warning signs of suicidal behavior and referral of a suicidal student to appropriate adults.

(cf. 5138 - Conflict Resolution/Peer Mediation)

When a suicide attempt or threat is reported, the principal or designee shall ensure student safety by taking the following actions:

1. Immediately securing medical treatment and/or mental health services as necessary
2. Notifying law enforcement and/or other emergency assistance if a suicidal act is being actively threatened
3. Keeping the student under continuous adult supervision until the parent/guardian and/or appropriate support agent or agency can be contacted and has the opportunity to intervene.
4. Removing other students from the immediate area as soon as possible

(cf. 0450 - Comprehensive Safety Plan)

(cf. 5141 - Health Care and Emergencies)

The principal or designee shall document the incident in writing, including the steps that the school took in response to the suicide attempt or threat.

(cf. 5125 - Student Records)

SUICIDE PREVENTION (continued)

The Superintendent or designee shall follow up with the parent/guardian and student in a timely manner to provide referrals to appropriate services as needed. If the parent/guardian does not access treatment for the student, the Superintendent or designee may meet with the parent/guardian to identify barriers to treatment and assist the family in providing follow-up care for the student. If follow-up care is still not provided, the Superintendent or designee shall consider whether it is necessary, pursuant to laws for mandated reporters of child neglect, to refer the matter to the local child protective services agency.

(cf. 5141.4 - Child Abuse Prevention and Reporting)

For any student returning to school after a mental health crisis, the principal or designee and/or school counselor may meet with the parents/guardians and, if appropriate, with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school and determine the need for ongoing support.

Postvention

In the event that a student dies by suicide, the Superintendent or designee shall communicate with the student's parents/guardians to offer condolences, assistance, and resources. In accordance with the laws governing confidentiality of student record information, the Superintendent or designee shall consult with the parents/guardians regarding facts that may be divulged to other students, parents/guardians, and staff.

The Superintendent or designee shall implement procedures to address students' and staff's grief and to minimize the risk of imitative suicide or suicide contagion. The Superintendent or designee shall provide students, parents/guardians, and staff with information, counseling, and/or referrals to community agencies as needed. School staff may receive assistance from school counselors or other mental health professionals in determining how best to discuss the suicide or attempted suicide with students.

Any response to media inquiries shall be handled by the district-designated spokesperson who shall not divulge confidential information. The district's response shall not sensationalize suicide and shall focus on the district's postvention plan and available resources.

(cf. 1112- Media Relations)

After any suicide or attempted suicide by a student, the Superintendent or designee shall provide an opportunity for all staff who responded to the incident to debrief, evaluate the effectiveness of the strategies used, and make recommendations for future actions.

(cf. 5125 - Student Records)

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Suicide Prevention Policy Requirement AB 2246 EDC § 215

Effective July 1, 2017, new Education Code section 215 requires local education agencies (LEAs) serving any of grades 7 to 12 to adopt a policy on pupil suicide prevention for those grades.

Section 215 requires the State Department of Education to develop and maintain a model policy to serve as a guide. As of this writing, that model policy has not been published, but when published is likely to be available at <http://www.cde.ca.gov/ls/cg/mh/suicideprevres.asp>. An uncodified section of the bill states that there is an existing model policy, from the Trevor Project, which is available for adoption or adaptation by LEAs and the State DOE. This model policy is available at <http://www.thetrevorproject.org/pages/modelschoolpolicy>.

The suicide prevention policy must:

- Be adopted at a regularly scheduled meeting
- Be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts
- Address procedures relating to suicide prevention, intervention, and postvention
- Provide that a school employee is to act only within the authorization and scope of the employee's credential or license, and is not to diagnose or treat mental illness unless specifically licensed and employed to do so

The adopted policy is required specifically address the needs of high-risk groups, including, but not limited to, the following:

- Youth bereaved by suicide.
- Youth with disabilities, mental illness, or substance use disorders.
- Youth experiencing homelessness or in out-of-home settings, such as foster care.
- Lesbian, gay, bisexual, transgender, or questioning youth.

The policy is also required to address any training to be provided to teachers in grades 7 to 12 on suicide awareness and prevention. Any materials approved by an LEA for training are to:

- state how to identify appropriate mental health services, both at the school site and within the community, and
- when and how to refer youth and their families to those services. Such materials may also include programs that can be completed through self-review.

Further resources are available on the SIA Website:

<http://www.sia-jpa.org/resources/member-alerts/ab-2246-suicide-prevention-policy-april-2017>